

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030685

FILING DATE

APPLICANT(S)

3/18/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2					1	
3					1	
4					1	
5					1	
6						1
7						1
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TOTAL IND.			1		1	
TOTAL DEP.			3		4	
TOTAL CLAIMS			4		5	

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.			1		
TOTAL DEP.			3		
TOTAL CLAIMS			4		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS